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· · · · · ·	hat I attended	the decea	sed from	lug.	 , <u>19                                   </u>	Alph.	16, 19 5 and on the	That I last date state	d above.	
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DIST. NO. 318  PRIMARY REG. DIST. NO. 1003 Registrar's No 1	REG. DIST. NO. 318  PRIMARY REG. DIST. NO. 1003 Registror's No. 818  SEC OF DEATH  UNITY  Y (If outside corporate limits, write RURAL and give coverable)  Y (If outside corporate limits, write RURAL and give coverable)  STAY (its take place)  To AL DOUIS  LOUIS  LAME OF It does in baceptal or institution, give street address or location)  SPITAL OR  Deaconess Hespital  b. (Middle)  C. (LINGTH OF TOWN St. Louis  LAME OF RESTORATE (its outside corporate limits, write RURAL and give township)  SPITAL OR  Deaconess Hespital  C. (LINGTH OF TOWN St. Louis  SPITAL OR  Deaconess Hespital  C. (LINGTH OF TOWN St. Louis  SPITAL OR  Deaconess Hespital  C. (Lost)  D. PARISH  C. (Lost)  ADATE (Month) (Day)  DEATH Sep. 17  ADATE (Month) (Day)  DEATH Sep. 17  ALOCCUPATION (Ghevaland of work in ground or frame limits, write incident)  Mary A. Day Is  Dec. 20, 1881  TO DEATH  DECEASED EVER IN U.S. ARMED FORCES!  II. DISEASE OF CONDITION  MARCE OF DEATH  NO.  MARCE OF DEATH  NO.

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by					
	Student Embalmer No.				
vorking under my personal supervision.	E. Mes				
Student	Signed Alixu & M. Serustt				
Student Embalmer	Licensed Embalmer No. 3024				

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.